

General

Title

Parkinson's disease: percentage of patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually.

Source(s)

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Tonn S, Swain-Eng R, Factor SA, Weiner WJ, Bever CT Jr, American Academy of Neurology Parkinson Disease Measure Development Panel. Quality improvement in neurology: AAN Parkinson disease quality measures: report of the Quality Measurement and Reporting Subcommittee of the American Academy of Neurology. *Neurology*. 2010 Nov 30;75(22):2021-7. [PubMed](#)

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually.

Rationale

Parkinson's disease (PD) is associated with a wide range of psychiatric disorders. Some of these problems are related to the disease itself and some are related to the medications used to treat the disease.

These disorders range from anxiety and depression to psychosis and impulse control disorder. It has been demonstrated that depression, in particular, has been often overlooked as a diagnostic possibility in patients with PD. In fact, it has been demonstrated that depression and other psychiatric disorders are often overlooked in the general medical population. This measure will ensure that the clinician remembers to evaluate the patient for the basis of these psychiatric disorders on a yearly basis.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Clinicians should be aware of dopamine dysregulation syndrome, an uncommon disorder in which dopaminergic medication misuse is associated with abnormal behaviors, including hypersexuality, pathological gambling, and stereotypic motor acts. This syndrome may be difficult to manage. (Level D) (NICE GL35, Jun 2006)

If a veteran with PD presents with new onset of one of the following symptoms: sad mood, feeling down; insomnia or difficulties with sleep; apathy or loss of interest in pleasurable activities; complains of memory loss; unexplained weight loss of greater than 5% in the past month or 10% over one year; or unexplained fatigue or low energy, then the patient should be asked about or treated for depression, or referred to a mental health professional within two weeks of presentation. Outcomes Impact 5; Room for Improvement 4; Overall utility rating 4) (Cheng, 2004)

Clinicians should have a low threshold for diagnosing depression in PD. (Level D) NICE GL35 (Jun 2006)

All veterans with PD should be reassessed for complications of PD (including, but not limited to functional status, excessive daytime somnolence, speech and swallowing difficulties, dementia, depression, and psychosis) at least on an annual basis. (Cheng #10 [Reassessment for complications for PD], 2004)

All people with PD and psychosis should receive a general medical evaluation and treatment for any precipitating condition. (Level D) (NICE GL35, Jun 2006)

Evidence for Rationale

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Siderowf A, Swartrauber K, Eisa M, Lee M, Vickrey BG. Development of quality of care indicators for Parkinson's disease. *Mov Disord*. 2004 Feb;19(2):136-50. [48 references] [PubMed](#)

Galpern WR, Stacy M. Management of impulse control disorders in Parkinson's disease. *Curr Treat Options Neurol*. 2007 May;9(3):189-97. [PubMed](#)

Marsh L. Neuropsychiatric aspects of Parkinson's disease. *Psychosomatics*. 2000 Jan-Feb;41(1):15-23. [103 references] [PubMed](#)

National Collaborating Centre for Chronic Conditions. Parkinson's disease. National clinical guideline for diagnosis and management in primary and secondary care. London (UK): Royal College of Physicians; 2006. 237 p. [418 references]

Ravina B, Marder K, Fernandez HH, Friedman JH, McDonald W, Murphy D, Aarsland D, Babcock D, Cummings J, Endicott J, Factor S, Galpern W, Lees A, Marsh L, Stacy M, Gwinn-Hardy K, Voon V, Goetz C. Diagnostic criteria for psychosis in Parkinson's disease: report of an NINDS, NIMH work group. *Mov Disord*. 2007 Jun 15;22(8):1061-8. [PubMed](#)

Shulman LM, Taback RL, Rabinstein AA, Weiner WJ. Non-recognition of depression and other non-motor symptoms in Parkinson's disease. *Parkinsonism Relat Disord*. 2002 Jan;8(3):193-7. [PubMed](#)

Primary Health Components

Parkinson's disease; psychiatric disorders or disturbances (psychosis, depression, anxiety disorder, apathy, impulse control disorder)

Denominator Description

All patients with a diagnosis of Parkinson's disease (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Skilled Nursing Facilities/Nursing Homes

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Case Finding Period

At least once per year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients with a diagnosis of Parkinson's disease

Note: Refer to the original measure documentation for administrative codes.

Exclusions

There are no exclusions appropriate for this measure.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually

Note: Refer to the original measure documentation for administrative codes.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #2: psychiatric disorders or disturbances assessment.

Measure Collection Name

Parkinson's Disease Physician Performance Measurement Set

Submitter

American Academy of Neurology - Medical Specialty Society

Developer

American Academy of Neurology - Medical Specialty Society

Funding Source(s)

Composition of the Group that Developed the Measure

Co-Chairs: William Weiner, MD, FAAN; Stewart Factor, DO, FAAN

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American Academy of Neurology: Lisa Shulman, MD, FAAN; Sotirios A. Parashos, MD, PhD; Helen Bronte-Stewart, MD, FAAN; Janis Miyasaki, MD, FAAN; Marian Evatt, MD

American Association of Neurosurgeons/Congress of Neurological Surgeons: Karl Sillay, MD

American Neurological Association: Blair Ford, MD, FAAN

American Psychological Association: Paul Moberg, PhD, ABPP/CN

American Psychiatric Association: Laura Marsh, MD

Movement Disorder Society: Daniel Tarsy, MD, FAAN

National Academy of Neuropsychology: Alexander Tröster, PhD

Coding Specialists: Marc Nuwer, MD, PhD, FAAN; Mustafa Saad Siddiqui, MD

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Methodologist: Rebecca Kresowik

American Academy of Neurology Staff: Rebecca Swain-Eng, MS; Sarah Tonn, MPH

Financial Disclosures/Other Potential Conflicts of Interest

Dr. Cheng serves as a consultant for the National Parkinson Foundation and receives research support from the NIH/NINDS (K23NS058571 [PI]), the VA Parkinson's Disease Research, Education, and Clinical Center, the Department of Veterans Affairs, the California Office of Statewide Planning and Development, the National Multiple Sclerosis Society, and the American Heart Association.

Ms. Tonn is a full-time employee of the American Academy of Neurology (AAN) and served as project director for AAN grants from Pfizer Inc. and the CDC.

Ms. Swain-Eng is a full-time employee of the AAN.

Dr. Factor has served on scientific advisory boards for Lundbeck Inc., Allergan, Inc., and UCB; serves as a section editor for *Current Treatment Options in Neurology*; receives royalties from the publication of *Parkinson's Disease Diagnosis and Clinical Management* (Demos, 2008) and *Drug Induced Movement Disorders* (Blackwell Futura, 2005); has given expert testimony, prepared affidavits, and served as a consultant for Boehringer Ingelheim; and receives research support from Teva Pharmaceutical Industries Ltd., Ipsen, UCB, and Schering-Plough Corp.

Dr. Weiner has served on scientific advisory boards for Santhera Pharmaceuticals and Rexahn Pharmaceuticals, Inc.; serves on the editorial boards of *Parkinsonism and Related Disorders* and *Neurological Reviews*, and as Editor of *Treatment Options in Neurology*; receives royalties from the publication of *Neurology for the Non-Neurologist* (6th edition, Kluwer/Lippincott 2010), *Parkinson's Disease: A Complete Guide for Patients and Family* (Hopkins University Press 2nd edition, 2007), and *Handbook of Clinical Neurology Hyperkinetic Disorders* (Elsevier, 2011); has received honoraria from Santhera Pharmaceuticals and Novartis; has received research support from Novartis, Santhera Pharmaceuticals, Boehringer Ingelheim, and has provided expert testimony and served as a subject matter expert in legal proceedings.

Dr. Bever serves on the editorial board of the *MS Quarterly Report*; is listed as a co-inventor on and receives royalties from Abraxis BioScience, Inc. for a pending patent regarding use of hematogenous stem cells in neuronal replacement therapy and gene delivery; receives royalties from the publication of *Ambulatory Medicine* (Lippincott Williams & Wilkins, 7th edition, 2006); and has received research support from the Department of Veterans Affairs and the National MS Society.

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2009 Dec

Measure Maintenance

This measurement set will be revised periodically with an extensive review every 3 years.

Date of Next Anticipated Revision

2012 Dec

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Source available from the [American Academy of Neurology \(AAN\) Web site](#) .

For more information, contact AAN at 201 Chicago Avenue, Minneapolis, MN 55415; Phone: 800-879-1960; Fax: 612-454-2746; Web site: [www.aan.com](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on December 16, 2011. The information was verified by the measure developer on January 30, 2012.

The information was reaffirmed by the measure developer on April 15, 2016.

Copyright Statement

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Production

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